



To: Prospective Applicants for Light Commercial General Permit

Attached is a **Light Commercial General Permit Notice of Intent (NOI) LCF-G**, for a Louisiana Pollutant Discharge Elimination System (LPDES) permit, authorized under EPA's delegated NPDES program under the Clean Water Act. To be considered complete, every item on the form must be addressed and the last page signed by an authorized company agent. If an item does not apply, please enter "NA" (for not applicable) to show that the question was considered.

Two copies (one original and one copy) of your **completed NOI**, each with an attached marked **U.S.G.S. Quadrangle map** or equivalent, and the **site/flow diagrams** listed in Section III of the NOI, should be submitted to:

Mailing Address:

Department of Environmental Quality
Office of Environmental Services
Post Office Box 4313
Baton Rouge, LA 70821-4313
Attention: Water Permits Division

Physical Address (if NOI is hand delivered):

Department of Environmental Quality
Office of Environmental Services
602 N Fifth Street
Baton Rouge, LA 70802
Attention: Water Permits Division

Please be advised that completion of this NOI may not fulfill all state, federal, or local requirements for facilities of this size and type.

According to L. R. S. 48:385, any discharge to a state highway ditch, cross ditch, or right-of-way shall require approval from:

Louisiana DOTD
Office of Highways
Post Office Box 94245
Baton Rouge, LA 70804-9245
(225) 379-1927

AND

Louisiana DHH
Office of Public Health
Center for Environmental Services
Post Office Box 4489
Baton Rouge, LA 70821-4489
(225) 342-7499

In addition, the plans and specifications for sanitary treatment plants must be approved by the Louisiana DHH, Office of Public Health at the address above.

A copy of the LPDES regulations may be obtained from the Department's website at <http://www.deq.louisiana.gov/portal/tabid/1674/Default.aspx#Title33> or from the Office of Environmental Assessment, Regulations Development Section, Post Office Box 4314, Baton Rouge, Louisiana 70821-4314, phone (225) 219-3550.

After the review of the NOI, this Office will issue written notification to those applicants who are accepted for coverage under this general permit.

For questions regarding this NOI please contact the Water Permits Division at (225) 219-9371. For help regarding completion of this NOI please contact DEQ, Small Business/Small Community Assistance at 1-800-259-2890.

Date _____
Agency Interest No. AI _____
LPDES Permit No. LA _____

Please check:

<input type="checkbox"/>	Initial Permit
<input type="checkbox"/>	Permit Renewal
<input type="checkbox"/>	Existing Facility
<input type="checkbox"/>	Modified Coverage

STATE OF LOUISIANA
DEPARTMENT OF ENVIRONMENTAL QUALITY
Office of Environmental Services, Water Permits Division
Post Office Box 4313
Baton Rouge, LA 70821-4313
PHONE#: (225) 219-9371

LPDES NOTICE OF INTENT TO DISCHARGE
WASTEWATER FROM LIGHT COMMERCIAL FACILITIES
(Attach additional pages if needed.)

SECTION I - FACILITY INFORMATION

A. Permit is to be issued to the following: (must have operational control over the facility operations - see LAC 33:IX.2501.B and LAC 33:IX.2503.A and B).

1. Legal Name of Applicant/Owner
(Company, Partnership, Corporation, etc.) _____

Facility Name _____

Mailing Address _____

_____ Zip Code: _____

If applicant named above is not also the owner, state owner name, phone # and address.

Please check status: ☐ Federal ☐ Parish ☐ Municipal
☐ State ☐ Public ☐ Private ☐ Other: _____

Is this facility regulated by the Louisiana Public Service Commission? ☐ Yes ☐ No

If yes, under what name is this facility regulated? _____

2. Location of facility. Please provide a specific street, road, highway, interstate, and/or River Mile/Bank location of the facility for which the NOI is being submitted.

City _____ Zip Code: _____ Parish _____

Front Gate Coordinates:

Latitude- ____ deg. ____ min. ____ sec. Longitude- ____ deg. ____ min. ____ sec.

Method of Coordinate Determination: _____

(Quad Map, Previous Permit, website, GPS)

Is the facility located on Indian Lands? ☐ Yes ☐ No

SECTION I - FACILITY INFORMATION (cont.)

3. Name & Title of Contact Person at Facility _____
Phone _____ Fax _____ e-mail _____

B. Name and address of responsible representative who completed the NOI:

Name & Title _____
Company _____
Phone _____ Fax _____ e-mail _____
Address _____

C. Name and address of responsible water billing party:

Name & Title _____
Company _____
Phone _____ Fax _____ e-mail _____
Address _____

D. Discharges Requiring Approval from the Division of Historic Preservation:

If this NOI is being completed for a facility that has not yet been constructed, you should contact the *Section 106 Review Coordinator in the Office of Cultural Development, Archaeology Division (P. O. Box 44247, Baton Rouge, LA 70804 or telephone (225) 342-8170)* to determine if construction activities or the proposed discharges will adversely affect properties listed or eligible for listing in the National Register of Historic Places.

- ☐ This is an existing facility and no construction activities related to this NOI are proposed.
- ☐ This is a new facility and construction activities were completed prior to the submission of this NOI form.
- ☐ This is a proposed facility and construction activities are not yet complete but I have obtained approval from the State Historic Preservation Officer for the proposed construction activities. If a no objection was previously obtained from the State Historic Preservation Officer, attach this documentation to the NOI.

E. Facility Information.

1. Facility Type _____ (cannery, oil refinery, dairy, etc.)
2. SIC (Standard Industrial Classification) Code(s): _____
SIC codes can be obtained from the U. S. Department of Labor internet site at <http://www.osha.gov/oshstats/sicser.html>
3. Other Permits. List all existing or pending LDEQ and other environmental permits and permit numbers for the facility (NPDES, PSD, UIC, RCRA, other).

SECTION I - FACILITY INFORMATION (cont.)

4. Source of water supply in gallons per day. List each source giving quality such as fresh, brackish, salt, hard, or soft; and give breakdown as to how each source is used.

5. Water Discharge Permit Revision (if applicable): Describe the requested revision to the existing permit.

6. Reportable Quantity Releases: As defined in 40 CFR 110, a Reportable Quantity (RQ) release of oil is "the amount of oil that violates applicable water quality standards or causes a film or sheen upon, or a discoloration of, the surface of the water or adjoining shorelines or causes a sludge or emulsion to be deposited beneath the surface of the water or upon adjoining shorelines." The RQs for other substances are listed in 40 CFR 117.3 and 302.4. If this is an oil and gas extraction facility (SIC codes 1311, 1321, 1381 – 1389, or 2911) has there been a RQ release of oil or hazardous substances since November 16, 1987?

☐

Yes

☐

No

F. Facility Operations.

1. Describe the processes used which produce industrial wastes discharged into waters of the State. Please explain the operations in your facility in a comprehensive fashion. Include a description of the composition of any cooling water additives. If you are a producer of a product, what steps are taken to produce that product, especially those that generate a waste stream? If you are provider of a service, be specific (give quantitative values where possible, i.e. a physical measure of the amount of business you do in an average day, week, or month) about what the service is, how it is provided, and how it generates wastewater. Attach extra sheets if space below is insufficient. If appropriate, make processes coincide with sources identified in Section II.

2. Products/Services:

SECTION I - FACILITY INFORMATION (cont.)

3. Raw Materials:

4. Guideline/Production. If an effluent guideline applies to the applicant and is expressed in terms of production (or other measure of operation), a reasonable measure of the applicant's actual production for each product reported in pounds per year, or other applicable units, is necessary. A reasonable measure of actual production may be either the maximum 30-day average production of the previous year, or the monthly average for the highest of the previous five years. For new sources or new discharges, actual production may be estimated using projected production for the first two years.

<u>Guideline (Citation)</u>	<u>Production</u>	<u>Unit</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

5. Zebra Mussels. Describe any treatment employed or planned at the facility to eliminate/combat zebra mussel incursion.

6. Disposal. List any solid or liquid waste disposal methods and facilities. Include a description of the ultimate disposal of any solid or fluid wastes that are disposed of other than by discharge.

G. Facility History

1. Date operations began at this site:

2. If a proposed facility, provide the anticipated date of startup.

3. Is the current operator the original operator? ☐ Yes ☐ No
4. If this is new construction, describe the site property prior to construction. For example, was it undisturbed or was there a previous structure on the site? What was the size of the site?

5. Is this facility located in a designated industrial area? ☐ Yes ☐ No

SECTION II – DISCHARGE INFORMATION

A. Stormwater. Complete the following for each stormwater discharge. (Make additional copies as necessary.)

1. Are stormwater discharges covered by a stormwater General Permit ☐ Yes ☐ No
2. Stormwater discharge authorization number: _____
3. Facilities that obtain coverage under the Light Commercial General Permit and also discharge stormwater as defined in LAC 33:IX.2511.B.14 (Stormwater Discharge Associated with Industrial Activity) must have coverage for those stormwater discharges under the LPDES Multi-Sector General Permit (MSGP) or an alternate, equivalent permit. Unless alternate coverage is already in place, those stormwater discharges will be, upon authorization of coverage under the Light Commercial General Permit, automatically granted authorization under the current MSGP.

B. Miscellaneous Discharges

1. Are there any other discharges to the waters of the state such as sanitary wastewaters, hydrostatic wastewaters, once-through non-contact cooling water, washdown water, etc? How are these waters discharged? Describe any treatment associated with each.

2. How many 660-gallon or larger tanks are located at the facility? _____
Describe the contents. _____

C. Discharges to Outstanding Natural Resource Waters:

Will discharges from your facility flow to a designated Scenic Stream as classified by the Louisiana Department of Wildlife and Fisheries?

☐ Yes ☐ No

If "yes", has approval/authorization been obtained from that Department? _____

SECTION II - DISCHARGE INFORMATION (cont.)

D. Outfall Identification.

Complete this section for each discharge outfall. Outfalls are discharge points. An external outfall is a discrete discharge point beyond which the waste stream receives no further mixing with other waste streams prior to discharging into a receiving waterbody. An internal outfall is an outfall for a waste stream that combines with other waste stream(s) before discharging into an "external" outfall. Please provide your after-treatment test results in the units asked for on the application. For proposed facilities, estimates should be provided for any expected contaminants even though the facility is not in place yet.

1. Provide a description of all operations contributing wastewater to the effluent for the outfall including process wastewater, sanitary wastewater, cooling water, and stormwater runoff and the average flow contributed by each operation.

Outfall No.	Operation Contributing Flow	Treatment Method	Average Flow (gpd)

SECTION II - DISCHARGE INFORMATION (cont.)

2. Outfall Location. Provide a description of the physical location for each outfall.

3. Latitude/Longitude of Discharge:

Latitude- ____deg. ____min. ____sec. Longitude-____deg. ____min. ____sec.

Method of Coordinate Determination: _____

(Quad Map, Previous Permit, website, GPS)

4. If a new discharge, when do you expect to begin discharging? _____

5. Indicate how the wastewater reaches state waters (named water bodies). This will usually be either *directly*, by *open ditch* (if it is a highway ditch, indicate the highway), or by *pipe*. Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps. Include river mile of discharge point if available.

By _____ (effluent pipe, ditch, etc.);

thence into _____ (parish drainage ditch, canal, etc.);

thence into _____ (named bayou, creek, stream, etc.);

thence into _____ (lake, river, etc.).

6. Except storm water, if any of the applicant's discharges are intermittent or seasonal, please complete the following table.

Frequency of Flow (average)		Flow Rate (mgd)			
Number of Days/Week	Number of Months/Year	Flow Rate (mgd)		Total Volume	
		Long Term Avg.	Daily Maximum	Long Term Avg.	Daily Maximum

7. Treatment Method applied to wastewaters. Please be specific.

8. Disposal. List any solid or liquid waste disposal methods and facilities. Include a description of the ultimate disposition of any solid or fluid wastes that are disposed of other than by discharge.

SECTION III – LABORATORY ANALYSIS

- A. Lab Analysis.** Make additional copies as necessary. Sampling and analytical protocols must conform to the requirements in LAC 33:IX.Chapters 25 and 65, and 40 CFR Part 136; when no analytical method is approved, the applicant may use any suitable method but must provide a description of the method. For storm water discharges, indicate date & duration of storm event sampled, total inches of precipitation, and number of hours since the end of the previous storm event that was greater than 0.1 inches.

Complete this section for each outfall. Complete this section for each pollutant, unless the applicant demonstrates a waiver for that pollutant is appropriate.

☐ I am requesting a lab analysis waiver (justification for the lab analysis waiver must be included)

1. **Outfall Number:** _____ **Description** _____

Pollutant	Effluent Analysis			
	Concentration (mg/l)		Mass (lbs/day)	
	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
BOD ₅				
COD				
TOC				
Oil and Grease				
Ammonia (as N)				
Total Nitrogen (stormwater only)				
Total Phosphorus (stormwater only)				
Total Residual Chlorine (if chlorine used)				
Total Suspended Solids				
Fecal Coliform (cols/100ml) -if sanitary or believed present				
	Daily Maximum	Monthly Average Maximum*	Monthly Average Minimum	Method of Measure
Flow (GPD)				
Winter Temperature (EC)				
Summer Temperature (EC)				
	Minimum	Maximum		
Discharge Duration (hrs/day)				
pH (SU)				

* Within the previous two years. (The maximum monthly average value is the highest value of all the monthly averages over the previous two years. The minimum monthly average value is the lowest value of the monthly averages over the previous two years.)

SECTION III – LABORATORY ANALYSIS (cont.)

B. List pollutants and report data for any of the following pollutants that you believe will be present or are limited directly by an effluent limitation guideline or indirectly through limitations on an indicator pollutant.

1. Conventional and Non-Conventional Pollutants: Bromide, Chlorine (total residual), Color, Fecal Coliform, Fluoride, Nitrate-Nitrite, Nitrogen (total organic), Total Phosphorus, Radioactivity, Sulfate, Sulfide, Sulfite, Surfactants, and;

2. Toxic Pollutants: Asbestos, and;

3. Hazardous Substances:, and;

2 2-Di-chloropro-pionic acid		2 4 5-T (2 4 5-trichlorophenoxy acetic acid)	
2 4 5-TP [2-(2 4 5-trichloro-phenoxy)propionic acid]		2 4-D (2 4-Di-chlorophenoxy acetic acid)	
Acetaldehyde	Allyl alcohol	Allyl chloride	Amyl acetate
Aniline	Benzonitrile	Benzyl chloride	Butyl acetate
Butylamine	Captan	Carbaryl	Carbofuran
Carbon disulfide	Chlorpyrifos	Coumaphos	Cresol
Crotonaldehyde	Cyclohexane	Diazinon	Dicamba
Dichlobenil	Dichlone	Dichlorvos	Diethyl amine
Dimethyl amine	Dinitrobenzene	Diquat	Disulfoton
Diuron	Dodecyl-benzenesulfonate	Dodecylbenzene-sulfonate	Epichloro-hydrin
Ethion	Ethylene diamine	Ethylene dibromide	Formaldehyde
Furfural	Guthion	Isoprene	Isopropanola-mine
Kelthane	Kepone	Malathion	Mercapto-dimethur
Methoxychlor	Methyl mercaptan	Methyl methacrylate	Methyl parathion
Mevinphos	Mexacarbate	Monoethyl amine	Monomethyl amine
Naled	Naphthenic acid	Nitrotoluene	Parathion
Phenolsulfanate	Phosgene	Propargite	Propylene oxide
Pyrethrins	Quinoline	Resorcinol	Strontium
Strychnine	Styrene	TDE (tetrachloro-rodiphenylethane)	
Trichlorofon	Triethanolamine	Triethylamine	Trimethylamine
Uranium	Vanadium	Vinyl Acetate	Xylene
Xylenol	Zirconium		

4. Any of the pollutants listed below under Section III (pages 13-17) as Volatile Organic Chemicals, Acid Extractable Organic Chemicals, Base/Neutral Extractable Organic Chemicals, Pesticides, Metals, and Additional Metals

<u>Pollutant</u>	<u>Daily Average (unit)</u>	<u>Daily Maximum (unit)</u>	<u>Basis of Estimate</u>

SECTION III – LABORATORY ANALYSIS (cont.)

C. New Source Dischargers, discharging process wastewater. Complete the following items:

1. Engineering Report. Are there any technical evaluations concerning your wastewater treatment system, including engineering reports or pilot plant studies?

2. Similar Operations. Provide the name and location of any existing plant(s) which, to the best of your knowledge, resembles this facility with respect to processes, wastewater constituents, or wastewater treatment.

D. Industrial Category.

For certain categories of industries, each outfall for which coverage under this permit is being sought must be evaluated for the presence of particular pollutants which have in the past been associated with process wastewaters for those industries. If your facility operations are included in one or more of the primary industry categories listed below,

AND

if you are applying for permit coverage for discharges which you have determined have the reasonable potential to contain any of the pollutants in the groups listed for your category on the following pages, you must report quantitative test data for that (those) pollutant(s). On the industry category listed below, potential pollutant groups are indicated for each category by an "X". If you determine that quantitative test data are required, circle your industry category in the list and report the quantitative data on a separate sheet for each discharge outfall.

ALL APPLICANTS (**check one**):

☐ Processes at this facility do not belong to any of the listed industry categories.

Processes at this facility are described by at least one of the listed industry categories.

☐ Based on my evaluation of discharges, a reasonable potential exists as described above. I have marked my industry category type and attached quantitative data for each outfall, which has the potential to discharge the pollutant(s).

☐ Processes at this facility are described by at least one of the listed industry categories. I have evaluated the discharge(s) for which coverage is being sought under this permit, and determined that a reasonable potential does **not** exist for pollutants for my industry category to be present in the discharge(s).

Primary Industry Category	Volatile	Acid	Base/Neutr	Pesticide/PCB
Adhesives and Sealant	X	X	X	
Aluminum Forming	X	X	X	
Auto and Other Laundries	X	X	X	X
Battery Manufacturing	X		X	
Coal Mining				
Coil Coating	X	X	X	
Copper Forming	X	X	X	
Electrical and Electronic Components	X	X	X	X

SECTION III – LABORATORY ANALYSIS (cont.)

Electroplating	x	x	x	
Explosives Manufacturing		x	x	
Foundries	x	x	x	
Gum and Wood Chemicals (all subparts)	x	x		
Subpart D – Tall Oil Rosin	x	x	x	
Subpart F – Rosin Based Derivatives	x	x	x	
Inorganic Chemicals Manufacturing	x	x	x	
Iron and Steel Manufacturing	x	x	x	
Leather Tanning and Finishing	x	x	x	
Mechanical Products Manufacturing	x	x	x	
Nonferrous Metals Manufacturing	x	x	x	x
Ore Mining Subpart B		x		
Ore Mining all other Subparts	x	x	x	x
Organic Chemicals Manufacturing	x	x	x	x
Paint and Ink Formulation	x	x	x	
Pesticides	x	x	x	x
Petroleum Refining	x			
Pharmaceutical Preparations	x	x	x	
Photographic Equipment and Supplies	x	x	x	
Plastics Processing	x			
Plastic and Synthetic Materials	x	x	x	x
Porcelain Enameling				
Printing and Publishing	x	x	x	x
Pulp and Paper Mills(*1)				
Rubber Processing	x	x	x	
Soap and Detergent Manufacturing	x	x	x	
Steam Electric Power Plants(*2)	x	x	x	
Textile Mills (Subpart C is exempt)	x	x	x	
Timber Products Processing	x	x	x	x

**IF NONE OF YOUR PROCESSES BELONG IN ANY OF THE ABOVE
CATEGORIES, SKIP TO ITEM E. BELOW**

(*1) Pulp and Paperboard Mills Exceptions

40 CFR Part 430 Subpart	Volatile	Acid	Base/Neutr	Pesticide/PCB
A, B, C, D & R	1	2	1	1
E, Q, S & T	2	2	1	2
F, G, H, I, K, L, M, N, O & P	2	2	1	1
J & U	2	2	2	1

¹ Do not test unless reason to believe it is discharged

² Testing required

(*2) Steam Electric Power Plants

Testing and reporting for the base/neutral fraction in the Once-Through Cooling Water, Fly Ash and Bottom Ash Transport Water process wastestreams of the Steam Electric Power Plant industrial category has been suspended by EPA until further number (LAC 33.IX.7107 Table V.

SECTION III – LABORATORY ANALYSIS (cont.)

Outfall Number:			Effluent			
Pollutant	MQL * (µg/l)	Concentration (µg/l)		Mass (lbs/day)		
		Monthly Average	Daily Maximum	Monthly Average	Daily Maximum	
Volatile Organic Chemicals – EPA Method 624 suggested						
acrolein	50					
acrylonitrile	20					
benzene	10					
bromoform	10					
bromodichloromethane	10					
carbon tetrachloride	2					
chlorobenzene	10					
chlorodibromomethane	10					
chloroethane	50					
2-chloroethylvinyl ether	10					
chloroform	10					
1, 2 dichlorobenzene	10					
1, 3 dichlorobenzene	10					
1, 4 dichlorobenzene	10					
1,1-dichloroethane	10					
1,2-dichloroethane	10					
1,1-dichloroethylene	10					
1,2-dichloropropane	10					
1,3-Dichloropropylene	10					
ethylbenzene	10					
methyl bromide (bromomethane)	50					
methyl chloride (chloromethane)	50					
methylene chloride	20					
1,1,2,2-tetrachloroethane	10					
tetrachloroethylene	10					
toluene	10					
1,2-trans-dichloroethylene	10					
1,1,1-trichloroethane	10					
1,1,2-trichloroethane	10					
trichloroethene (trichloroethylene)	10					

SECTION III – LABORATORY ANALYSIS (cont.)

Outfall Number:		Effluent			
Pollutant	MQL* ($\mu\text{g/l}$)	Concentration ($\mu\text{g/l}$)		Mass (lbs/day)	
		Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
vinyl chloride (chloroethylene)	10				
<i>Acid Extractable Organic Chemicals – EPA Method 625 suggested</i>					
2-chlorophenol	10				
2,4-dichlorophenol	10				
2,4-dimethylphenol	10				
2,4-dinitrophenol	50				
2-methyl 4,6-dinitrophenol (4,6-dinitro-	50				
2-nitrophenol	20				
4-nitrophenol	50				
4-chloro-3-methylphenol (p-chloro-m-cresol)	10				
pentachlorophenol	5				
phenol	10				
2,4,6-trichlorophenol	10				
<i>Base/Neutral Extractable Organic Chemicals - EPA Method 625 suggested</i>					
acenaphthene	10				
acenaphthylene	10				
anthracene	10				
benzidine	50				
benzo(a)anthracene	5				
benzo(a)pyrene	5				
3,4-benzo fluoranthene	10				
benzo(ghi)perylene	20				
benzo(k)fluoranthene	5				
bis(2-chloroethoxy)methane	10				
bis(2-chloroethyl)ether	10				
bis(2-chloroisopropyl)ether	10				
bis(2-ethylhexyl)phthalate	10				
4-bromophenyl phenyl ether	10				
butylbenzyl phthalate	10				
2-chloronaphthalene	10				
4-chlorophenyl phenyl ether	10				

SECTION III – LABORATORY ANALYSIS (cont.)

Outfall Number:		Effluent			
Pollutant	MQL* ($\mu\text{g/l}$)	Concentration ($\mu\text{g/l}$)		Mass (lbs/day)	
		Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
chrysene	5				
dibenzo(a,h)anthracene	5				
3,3'-dichlorobenzidine	5				
diethyl phthalate	10				
dimethyl phthalate	10				
di-n-butyl phthalate	10				
2,4-dinitrotoluene	10				
2,6-dinitrotoluene	10				
di-n-octyl phthalate	10				
1,2-diphenylhydrazine (as azobenzene)	20				
fluoranthene	10				
fluorene	10				
hexachlorobenzene	5				
hexachlorobutadiene	10				
hexachlorocyclopentadiene	10				
hexachloroethane	20				
indeno(1,2,3-cd)pyrene	5				
isophorone	10				
naphthalene	10				
nitrobenzene	10				
N-nitrosodimethylamine	50				
N-nitrosodi-n-propylamine	20				
N-nitrosodiphenylamine	20				
phenanthrene	10				
pyrene	10				
1,2,4-trichlorobenzene	10				
<i>Pesticides & PCB's - EPA Method 608 required</i>					
aldrin	0.01				
Aroclor 1016 (PCB-1016)	0.2				
Aroclor 1221 (PCB-1221)	0.2				
Aroclor 1232 (PCB-1232)	0.2				

SECTION III – LABORATORY ANALYSIS (cont.)

Outfall Number:		Effluent			
Pollutant	MQL* ($\mu\text{g/l}$)	Concentration ($\mu\text{g/l}$)		Mass (lbs/day)	
		Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
Aroclor 1242 (PCB-1242)	0.2				
Aroclor 1248 (PCB-1248)	0.2				
Aroclor 1254 (PCB-1254)	0.2				
Aroclor 1260 (PCB-1260)	0.2				
alpha-BHC	0.05				
beta-BHC	0.05				
delta-BHC	0.05				
gamma-BHC	0.05				
chlordane	0.2				
4,4'DDT	0.02				
4,4'DDE	0.1				
4,4'DDD	0.1				
dieldrin	0.02				
alpha-endosulfan	0.01				
beta-endosulfan	0.02				
endosulfan sulfate	0.1				
endrin	0.02				
endrin aldehyde	0.1				
heptachlor	0.01				
heptachlor epoxide	0.01				
Toxaphene	0.3				
2,4-dichlorophenocetic acid (2,4-D)	---				
2-(2,4,5-trichlorophenoxy) propionic acid	---				
2,3,7,8-tetrachlorodibenzo-p-dioxin use EPA Method 1613	0.00001				
<i>Metals, Cyanide & Total Phenols</i>					
Antimony, Total	60				
Arsenic, Total	5				
Beryllium, Total	0.5				
Cadmium, Total	1				
Chromium, Total	10				
Copper, Total	3				

SECTION III – LABORATORY ANALYSIS (cont.)

Outfall Number:		Effluent			
Pollutant	MQL* ($\mu\text{g/l}$)	Concentration ($\mu\text{g/l}$)		Mass (lbs/day)	
		Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
Lead, Total	2				
Mercury, Total [Freshwater]	0.0005				
Mercury, Total [Marine]	.005				
Nickel, Total [Marine]	5				
Nickel, Total [Freshwater]	5				
Selenium, Total	5				
Silver, Total	0.5				
Thallium, Total	0.5				
Zinc, Total	20				
Cyanide, Total	10				
Phenols, Total	5				
<i>Additional Metals if expected to be present. - Use EPA Approved Method</i>					
Aluminum, Total					
Barium, Total					
Boron, Total					
Cobalt, Total					
Iron, Total					
Magnesium, Total					
Manganese, Total					
Molybdenum					
Tin, Total					
Titanium, Total					

* Minimum Quantification Level (MQL).

SECTION III – LABORATORY ANALYSIS (cont.)

E. Laboratory Accreditation

If any of the analysis reported above were performed by a contract lab or consulting firm, provide the firm name, address, phone number and pollutants analyzed.

Laboratory procedures and analyses performed by commercial laboratories shall be conducted in accordance with the requirements set forth under LAC 33:I.Subpart 3, Chapters 49-55.

Laboratory data generated by commercial laboratories that are not accredited under LAC 33:I.Subpart 3, Chapters 47-57, will not be accepted by the department. Retesting of analysis will be required by an accredited commercial laboratory.

Regulations on the Environmental Laboratory Accreditation Program and a list of labs that have applied for accreditation are available on the department website. The list can be found on the DEQ website <http://www.deq.louisiana.gov/portal/> using the following path: **DIVISIONS – Public Participation and Permit Support – Louisiana Laboratory Accreditation Program – Accredited Laboratories**

Questions concerning the program may be directed to (225) 219-3247.

F. Additional Data

1. List any toxic materials that the applicant currently uses or manufactures as an intermediate, feedstock, final product, or by-product.

2. If any toxic or hazardous materials are present onsite, do you have an SPC plan? If "no", explain

3. List pertinent physical and chemical properties (e.g., toxic components, taste and odor compounds, heavy metals, etc.) that may be associated with the discharge.

SECTION III – LABORATORY ANALYSIS (cont.)

4. Toxicity Data. List any bioassay tests conducted on the effluent from the facility. Provide a summary of the test results.

SECTION IV – COMPLIANCE HISTORY

Report the history of all violations and enforcement actions for the facility, a summary of all permit excursions including effluent violations reported on the facility's Discharge Monitoring Reports (DMRs) and bypasses for the last three years. Using a brief summary, report on the current status of all administrative orders, compliance orders, notices of violation, cease and desist orders, and any other enforcement actions either already resolved within the past 3 years or currently pending. The state administrative authority may choose, at its discretion, to require a more in-depth report of violations and compliance actions for the applicant covering any law, permit, or order concerning pollution at this or any other facility owned or operated by the applicant.

SECTION V – LAC 33:I.1701 REQUIREMENTS

- A. Does the company or owner have federal or state environmental permits in other states that are either identical to or similar in nature to, the permit for which you are applying? (This requirement applies to all individuals, partnerships, corporations, or other entities who own a controlling interest of 50% or more in your company, or who participate in the environmental management of the facility for an entity applying for the permit or an ownership interest in the permit.)

☐ Permits in Louisiana. List Permit Numbers: _____

☐ Permits in other states (list states): _____

☐ No other environmental permits.

- B. Do you owe any outstanding fees or final penalties to the Department? ☐ Yes ☐ No

If yes, please explain. _____

- C. Is your company a corporation or limited liability company? ☐ Yes ☐ No

If yes, is the corporation or LLC registered with the Secretary of State? ☐ Yes ☐ No

If yes, attach a copy of your company's Certificate of Registration and/or Certificate of Good Standing from the Secretary of State.

SECTION VI – MAPS/DIAGRAMS

- A. Site Diagram.** Attach to this NOI a complete site diagram of your facility showing the boundaries of your facility, the location of all buildings and/or storage areas, the location of treatment units (such as settling basins, wash racks, sewage treatment plants), and demonstrate how the wastewater flows through your facility into each clearly labeled discharge point. Indicate stormwater flow pattern with arrows on this diagram or provide additional diagrams if needed. Please indicate the location of the front gate or entrance to the facility on the site diagram. The diagram need not be to scale.
- B. Topographic Map.** Applicants for portable pressure washing operations are not required to provide a topographic map with this NOI. For site specific coverage, attach to this NOI a map or a copy of a section of the map which has been **highlighted to show the path of your wastewater from your facility to the first named water body**. **The highlighted map must be attached to BOTH NOIs that are submitted to LDEQ (i.e., the original NOI and the copy of the NOI).** Include on the map the area extending at least one mile beyond your property boundaries. Indicate the outline of the facility, the location of each of its existing and proposed discharge structures, and any existing hazardous waste treatment storage or disposal facilities. Waterways and streets/highways must be clearly identified by name on the map.

A U.S.G.S. 1:24,000 scale map (7.5' Quadrangle) would be appropriate for this item. Appropriate maps can be obtained from local government agencies such as DOTD or the Office of Public Works. Maps can also be obtained online at <http://map.deq.louisiana.gov/index2.htm>. Private map companies can also supply you with these maps. If you cannot locate a map through these sources you can contact the Louisiana Department of Transportation and Development at:

1201 Capitol Access Road
Baton Rouge, LA 70802
(225) 379-1107
maps@dotd.louisiana.gov

- C. Flow Diagram.** Attach a line drawing of the water flow through the facility with a water balance showing operations contributing wastewater to the effluent and treatment units. The water balance must show average and maximum flows at intake and discharge points and between units, including treatment units. If a water balance cannot be determined, the applicant may provide instead a pictorial description of the nature and amount of any sources of water and any collection and treatment measures. Hand drawn maps are acceptable.

According to the Louisiana Water Quality Regulations, LAC 33:IX.2503, the following requirements shall apply to the signatory page in this application:

Chapter 25. Permit Application and Special LPDES Program Requirements

2503. Signatories to permit applications and reports

- A. All permit applications shall be signed as follows:
1. For a corporation - by a responsible corporate officer. For the purpose of this Section responsible corporate officer means:
 - (a) A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or
 - (b) The manager of one or more manufacturing, production, or operating facilities provided: the manager is authorized to make management decisions that govern the operation of the regulated facility, including having the explicit or implicit duty of making major capital investment recommendations and initiating and directing other comprehensive measures to ensure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken together complete and accurate information for permit application requirements; and the authority to sign documents has been assigned or delegated to the manager in accordance with corporation procedures.
 2. For a partnership or sole proprietorship - by a general partner or the proprietor, respectively; or
 3. For a municipality, state, federal or other public agency – by either a principal executive officer or ranking elected official. For the purposes of this section a principal executive officer of a federal agency includes:
 - (a) The chief executive officer of the agency, or
 - (b) A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).
- B. All reports required by permits and other information requested by the state administrative authority shall be signed by a person described in Permit **Standard Conditions, Section D.10.a.**, or by a duly authorized representative of that person. A person is a duly authorized representative only if:
1. The authorization is made in writing by a person described in Permit **Standard Conditions, Section D.10.a.**
 2. The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity such as the position of plant manager, operator of a well or well field, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company,

(a duly authorized representative may thus be either a named individual or any individual occupying a named position); and

3. The written authorization is submitted to the state administrative authority.

C. Changes to authorization. If an authorization under Permit **Standard Conditions, Section D.10.b** is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization satisfying the requirements of **Section D.10.b** must be submitted to the state administrative authority prior to or together with any reports, information, or applications to be signed by an authorized representative.

D. Any person signing any document under Permit **Standard Conditions, Section D.10.a. or b** shall make the following certification:

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."

SIGNATORY AND AUTHORIZATION

Pursuant to the Water Quality Regulations (specifically LAC 33:IX.2503) promulgated September 1995, the state NOI must be signed by a responsible individual as described in LAC 33:IX.2503 and that person shall make the following certification:

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."

Signature _____

Printed Name _____

Title _____

Company _____

Date _____

Telephone _____

Email Address _____

Federal Tax ID _____

CHECKLIST

To prevent any unnecessary delay in the processing of your notice of intent to be covered under the general permit, please take a moment and check to be certain that the following items have been addressed and enclosed:

1. ALL questions and requested information have been answered (N/A if the question or information was not applicable).
2. ALL required maps, drawings, lab analysis, and other reports are enclosed.
3. The appropriate person has signed the signatory page.
4. Please forward the original and one copy of this NOI and all attachments.

ANY NOI THAT DOES NOT CONTAIN ALL OF THE REQUESTED INFORMATION WILL BE CONSIDERED INCOMPLETE. NOI PROCESSING WILL NOT PROCEED UNTIL ALL REQUESTED INFORMATION HAS BEEN SUBMITTED.

NOTE: UPON RECEIPT AND SUBSEQUENT REVIEW OF THE NOI BY THE PERMITS DIVISION, YOU MAY BE REQUESTED TO FURNISH ADDITIONAL INFORMATION IN ORDER TO COMPLETE THE PROCESSING OF THE PERMIT.

